

June 10, 2004

Montana Medicaid Notice

Pharmacy, Physician and Mid-Level Practitioners

Prior Authorization Additions

Effective July 01, 2004, prior authorization and quantity limits will be required on the following medications. Requests exceeding these quantity limits will be considered on an individual basis.

AVINZA

Avinza® capsules; Prior Authorization will be required for dosing greater than once daily.

KYTRIL

Kytril®, tablets and oral solution; Prior Authorization will be required for quantities greater than 10 units in a 30-day period.

ZOFRAN

Zofran®, tablets and oral solution; Prior Authorization will be required for quantities greater than 15 units in a 30-day period.

ANZEMET

Anzemet® tablets; Prior Authorization will be required for quantities greater than 5 units in a 30-day period.

Non-Coverage

SERZONE / (nefazodone)

Effective July 1, 2004, Montana Medicaid will discontinue coverage of Serzone (nefazodone). Montana Medicaid will allow short-term coverage through the prior authorization process until providers can schedule clients to establish a new course of therapy.

Manual Replacement Pages

The *Prescription Drug Program* manual has been updated, and the new replacement pages are located on the Provider Information website. Replacement pages have a date of July 2004 at the top, and the changes are indicated with a black bar next to the text. The pages are designed to print double sided for easy manual replacement. Please file the old manual pages in the back of your manual for claims that arise under the old policy.

Contact Information

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002. Prior authorizations for the Medicaid Prescription Drug Program can be obtained by calling the Medicaid Drug Prior Authorization unit at (406) 443-6002 or (800) 395-7961

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

Visit the Provider Information website:

<http://www.mtmedicaid.org>